

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: OTTAWA HOSPITAL RESEARCH INSTITUTEApplication No./Patent No.: 10/524,250 Filed/Issue Date: October 6, 2005Title: BIO-SYNTHETIC MATRIX AND USES THEREOF

Ottawa Hospital Research Institute, a Corporation  
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest in;  
 2. ☐ an assignee of less than the entire right, title, and interest in  
 (The extent (by percentage) of its ownership interest is \_\_\_\_\_ %); or  
 3. ☐ an assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made)  
 the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was  
 recorded in the United States Patent and Trademark Office at Reel 016628,  
 Frame 0142, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.  
 2. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.  
 3. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at  
 Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet(s).

- ☒ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the  
 assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment  
 Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Hanlon  
 Signature  
ROBERT HANLON  
 Printed or Typed Name

JULY 15 2009  
 Date  
Authorized Signer for Assignee  
 Title

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing  
 system in accordance with § 1.6(a)(4).

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_ (James H. Velema)

<b>POWER OF ATTORNEY                  OR                  REVOCATION OF POWER OF ATTORNEY                  WITH A NEW POWER OF ATTORNEY                  AND                  CHANGE OF CORRESPONDENCE ADDRESS</b>				<b>Application Number</b> 10/524,250-Conf. #4662 <b>Filing Date</b> October 6, 2005 <b>First Named Inventor</b> May GRIFFITH <b>Title</b> BIO-SYNTHETIC MATRIX AND USES THEREOF <b>Art Unit</b> 1618 <b>Examiner Name</b> E. E. Silverman <b>Attorney Docket No.</b> OHR5-001US	
I hereby revoke all previous powers of attorney given in the above-identified application.					
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
				00959	
<input type="checkbox"/> OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
Practitioner(s) Name		Registration Number	Practitioner(s) Name		Registration Number
Please recognize or change the correspondence address for the above-identified application to:					
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number:					
<input type="checkbox"/> Firm or Individual Name James H. Velema LAHIVE & COCKFIELD, LLP					
Address One Post Office Square					
City Boston		State MA	Zip 02109-2127		
Country US		Telephone (617) 227-7400	Email lc@lahive.com		
I am the: <input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the joint interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____					
<b>SIGNATURE OF Applicant or Assignee of Record</b>					
Signature <i>Robert Hinton</i>		Date July 6, 2009			
Name Robert Hinton, C.O.O.		Telephone 617-836-6815			
Title and Company		OTTAWA HOSPITAL RESEARCH INSTITUTE, CHIEF OPERATING OFFICER			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
<input checked="" type="checkbox"/> *Total of <u>2</u> forms are submitted.					

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LETTERS PATENT TO CHANGE THE NAME OF  
THE CORPORATION FROM:

THE OTTAWA HEALTH RESEARCH INSTITUTE/  
L'INSTITUT DE RECHERCHE EN SANTE D'OTTAWA  
TO:

OTTAWA HOSPITAL RESEARCH INSTITUTE /  
INSTITUT DE RECHERCHE DE L'HOPITAL D'OTTAWA.

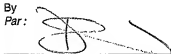
THE CORPORATION IS NOT INSOLVENT WITHIN THE  
MEANING OF SUBSECTION 19(4) OF ONTARIO  
REGULATION 181.

This application is executed in duplicate  
La présente requête est faite en double exemplaire.

THE OTTAWA HEALTH RESEARCH INSTITUTE / L'INSTITUT  
DE RECHERCHE EN SANTE D'OTTAWA

Current Name of Corporation  
Dénomination sociale actuelle de la personne morale

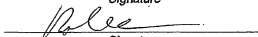
By  
Par:



Signature  
Signature

CHIEF EXECUTIVE OFFICER  
AND SCIENTIFIC DIRECTOR

Description of Office  
Fonction



Signature  
Signature

CHIEF OPERATING OFFICER

Description of Office  
Fonction